

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOM COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00547984</div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>			
Full Name of Payee USCMDR Chisesi Diane Treasurer [MEMO ITEM] Business Expense/office		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>02</div><div>04</div><div>2016</div></div>	
Mailing Address PO BOX 6936		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>19.47</div><div></div></div>	
City State Zip Code Colorado Springs CO 80934		Transaction ID : WFT201614118-1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>02</div><div>03</div><div>2016</div></div>	
Purpose of Expenditure Buisness Expense		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">48</div>	
Name of Federal Candidate Ms. Chisesi M Diane Pres Elect		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 05 State: WA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ Business Expense	
Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div></div><div></div></div>	
City State Zip Code		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>	
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>0.00</div><div></div></div>			
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div></div><div></div></div>			
(c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>0.00</div><div></div></div>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms Chisesi M Diane Pres Elect Signature		[Electronically Filed] Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>02</div><div>04</div><div>2016</div></div>	